

Medical Financial Assistance Policy - Plain Language Summary

Granville Health System (GHS) is committed to providing quality health care to everyone who requires emergency care and other care that is medically necessary. We will not refuse to provide emergency care based on your ability to pay. GHS offers Financial Assistance to patients who do not have insurance or may be underinsured and who qualify based on federal poverty and other guidelines. Certain exclusions apply, including, for example, elective services, balances covered by other funding sources, and failure to cooperate in securing alternative funding sources. This document is only a summary. Please refer to the Medical Financial Assistance Policy for complete details.

Important things to know about the Financial Assistance Program

Presumptive Eligibility is non-income based. Patients who demonstrate indicators of financial hardship through non-income based criteria will be considered presumptively eligible.

Assistance is based on income. Patients who qualify for assistance are eligible for income-based, sliding scale discounts for emergency and other medically necessary care.

- GHS offers assistance to patients with an income at or below 200% of the Federal Poverty Guidelines. (See our Financial Assistance Policy at <http://ghshospital.org/>)
- GHS offers discounted care to patients with an income between 200% and 300% of the Federal Poverty Guidelines based on a sliding scale discount ranging from 69% to 90%.

You may need to provide financial documents

To apply for help with your medical bills, you may have to bring tax returns, pay stubs, Social Security Award Letter, and other financial information. GHS may also use outside agencies to determine your eligibility.

If you do not qualify for the Financial Assistance Program, you are responsible for paying your medical bills. If you do not pay, we may report your unpaid bills to one or more credit reporting agencies.

Where to find our Medical Financial Assistance Policy

Copies of the Medical Financial Assistance Policy, this plain language summary, and the Financial Assistance Application and associated instructions are available free of charge upon request by the options below.

1. Call Patient Financial Services at 919-690-3254 Option 1
2. Request a copy by mail –
Attn: Patient Financial Services, 1010 College Street, Oxford, NC 27565
3. Visit our website at <http://ghshospital.org/>
4. In person at the Patient Financial Services office located in the main hospital

For information and help

Please contact our Patient Financial Services department at 919-690-3254 Option 1. We are available Monday through Friday, 8:00 am to 4:30 pm.

Do you need the information in another language?

Language assistance services are available to you free of charge.

We will charge the usual amount (Amounts Generally Billed or AGB)

If you receive help from the Medical Financial Assistance Program, we will not charge more than amounts generally billed to patients having insurance covering emergency or medically necessary services.